SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 10/01975 CLAIMS AFTER AFTER
1st AMENDMENT 2-1 AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. <u>15</u> :4 **!**5 :7 !8 :9 TOTAL JOJAL TOTAL MAY SO __ SPOR ASDITIONAL CLAIMS ON AMENDMENTS FROM SET TRESMENT OF